

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1	1			
8		7		1		
9	1		1			
10		1		1		
11		2		1		
12		1		1		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
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50						
TOTAL IND.			4			
TOTAL DEP.			15			
TOTAL CLAIMS			20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						